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Clinical Outcomes From the War: Introduction

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The advanced technology applications for combat casualty care (ATACCC) conference has been held yearly since 1992. This meeting has evolved to be the meeting for the Department of Defense where both clinical and research members of the medical community report their research activities and requirements in combat casualty care.

The global war on terrorism brought new urgency to our research goals. The medical community, both clinical and research, has focused their efforts on improving and documenting not only their experience but also the improvements in combat casualty care. During the last several years presentations at ATACCC have described these efforts. After the start of combat operations in Afghanistan and Iraq several initiatives were launched to speed up data capture and analysis of combat data. The Joint Theater Trauma Registry (JTTR) and the new Deployed Combat Casualty Care Research Team are two results of this effort. The overarching goal of these efforts is to implement data driven changes in clinical practice on the battlefield.

For this session at ATACCC 2007, and to put these newly established research and trauma registry mechanisms to use, we distributed a request to all the Services for abstracts complete with control groups and outcomes. Instead of simply recounting the last year's clinical activities, we asked previously deployed medics, physical therapists, nurses, and physicians to report the results of clinical research conducted during the war.

The results were excellent. When we reviewed the submitted abstracts, too many of them were too good to turn away. We accepted 27 for presentation and publication in this supplement to the *Journal of Trauma*. Contributions to this supplement came from all facets of combat casualty care—Major Generals to Captains, very senior clinicians to second year surgery residents—with civilians, reserves, Army, Air Force, and Navy. They addressed a wide range of topics

including new research policy, products, and techniques, and the latest study results on informatics, epidemiology, infectious disease, evacuation, traumatic brain injury, and post-traumatic stress disorder, all resulting from evidence-based research conducted during the war.

These are first-rate, fascinating, and sometimes controversial articles. At the end of each report, we include the invited discussions written by another group of equally varied and excellent researchers. In addition to reviews by discussants, these articles were reviewed by some of the most respected researchers in the field of trauma, further improving their quality. We thank these anonymous reviewers for their efforts in support of our deployed Soldiers, Sailors, Airmen and Marines.

These articles serve to set a standard for data capture, analysis and reporting. Most importantly, this shows that data from this war are being rapidly translated to the deployed force via innovative health care policy and evidenced-based Clinical Practice Guidelines. This has accelerated changes in practice at all levels of combat casualty care, from the front line soldier to the most sophisticated intensive care units in the United States. It is important to realize that this effort is occurring (and accelerating) during a war. This type of iterative improvement in medical care must be continued so we can surpass the enemy's efforts to cause us increased injury.

We all know that every war creates lessons learned and advances in military and civilian trauma care.^{1,2} Traditionally, these lessons have been randomly passed along in emergency departments, intensive care units, and operating rooms as military clinicians mingle with their civilian counterparts. Because of expected terrorist activities on our homeland and inevitably encountering here the types of injuries we see on a daily basis in Iraq and Afghanistan, we think that the proven techniques, devices and concepts described in this supplement are vitally important. The information in this supplement should be proactively placed into the paradigm of trauma care to adequately prepare for our homeland defense.

REFERENCES

1. DeBakey ME. History, the torch that illuminates: lessons from military medicine. *Mil Med.* 1996;161:711-716.
2. Pruitt BA Jr. Combat casualty care and surgical progress. *Ann Surg* 2006;243:715-729.

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